CBFS

Community Based Flexible Supports

Mass DMH
Department of Mental Health

2017 Stakeholder Engagement Sessions

Model Development & System Integration Workgroup | Changes in Delivery of Care Management/Care Coordination | 3/1/2017

Agenda

I. *Agenda Kickoff*
- *Welcome*
- *Today's Goals*
- *Recap*

II. New Care Coordination Model

III. Discussion

IV. Closing Remarks

Appendix

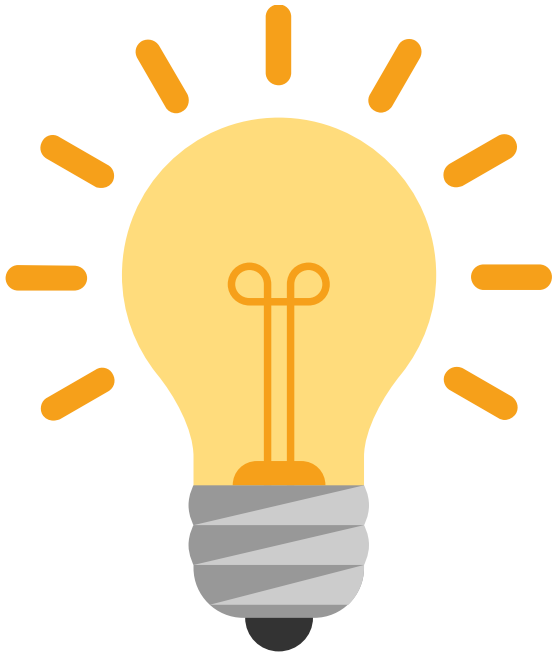
I. Agenda Kickoff: Today's Goals

1. Discuss DMH's planned care coordination model
2. Receive feedback on implementation

I. Agenda Kickoff: Today's Goals

Consideration for this Session

- What strategies can DMH and the provider community take to best implement the planned model?



I. Agenda Kickoff: Recap of 2/15/17 –

Rehabilitation Requirements

Massachusetts does not alter the federal definition of rehabilitation. The nature and scope of the Massachusetts Medicaid program is governed by its CMS-approved Medicaid state plan. There are also state and agency regulations related to rehabilitative services that affect the state's ability to collect CMS reimbursement.

MassHealth Provider Regulations

- MassHealth has established regulations governing Medicaid coverage and payment for services delivered by its providers.
- MassHealth has also established, for state Medicaid billing purposes, service codes and descriptions.

Mass DMH Regulations

- DMH has established regulations applicable to its delivery of services through state providers and contracted vendors.
- DMH's CBFS program has guidelines and requirements to ensure compliance with federal and state rehabilitative service requirements.

I. Agenda Kickoff: Recap of 2/15/17 –

Treatment and Rehabilitation Service Delivery Model Vision

To emphasize a clinically focused, person-centered model within CBFS and align with existing employment services provided by other entities, CBFS will:

- Complete assessment and treatment plan, including employment goals
- Provide rehabilitation interventions in support of employment goals
- Make referrals to all available employment services (job placement and support)

Current Services

- Pre-vocational related services that are not job specific
- Job Placement
- Ongoing job support
- Referral to and collaboration with all available employment services

Planned Services

- Skill development to prepare for, seek and maintain employment
- Referral to and collaboration with all available employment services

Outside of Model
- Job Placement
- Ongoing job support

I. Agenda Kickoff: Recap of 2/22/17 Accountability Workgroup – Utilization Review Process

- DMH contractors maintain internal quality and utilization management systems and engage in activities to ensure the safety, quality and effectiveness of services provided through systematic performance improvement. Provider expectations around utilization management are not expected to change at this time.
- Each CBFS contractor has the responsibility and authority to make decisions about utilization, resource allocations and service delivery.
- DMH measures performance through client and administrative outcomes and conducts compliance review through Rehab Option (RO).

Current CBFS UR Review Process

I. Agenda Kickoff: Recap of 2/22/17 Accountability Workgroup – Enhanced Utilization Review Process

Proposed Review Process

What?	Who?	Why?
Compliance	DMH RO Staff	To claim for RO, providers must comply with federal regulations. Rehab compliance consists of much more than what can be billed under the current structure.
Technical Assistance	DMH RO Staff	To provide tools and training necessary to improve the delivery system.
Utilization Review	DMH RO Staff	Provides an opportunity to review an enrollee's service utilization while already in the enrollee record.
	DMH Site Office	DMH site office will maintain responsibility to ensure the safety, quality and effectiveness of services provided.

DMH proposes to link together ongoing Utilization Review site activities.

I. Agenda Kickoff: Recap

#	Topic	Date
1	Orientation	January 11th, 2017
2	The Age Continuum	January 18th, 2017
3	Engagement	February 1st, 2017
4	Rehabilitation and Treatment	February 15th, 2017
5	**Changes in Care Coordination Model**	**March 1st, 2017**
6	Integration and Alignment	March 15th, 2017
7	Debrief for Both Workgroups	March 29nd, 2017

II. New Care Coordination Model

I. Agenda Kickoff | **II. New Care Coordination Model** | III. Discussion | IV. Closing Remarks

II. New Care Coordination Model: Background

What is an ACO?

An Accountable Care Organization (ACO) is a group of providers that have partnered together to deliver care that is integrated, wellness-focused, culturally and linguistically accessible, and member-centered. ACOs are accountable for the cost and quality of services.

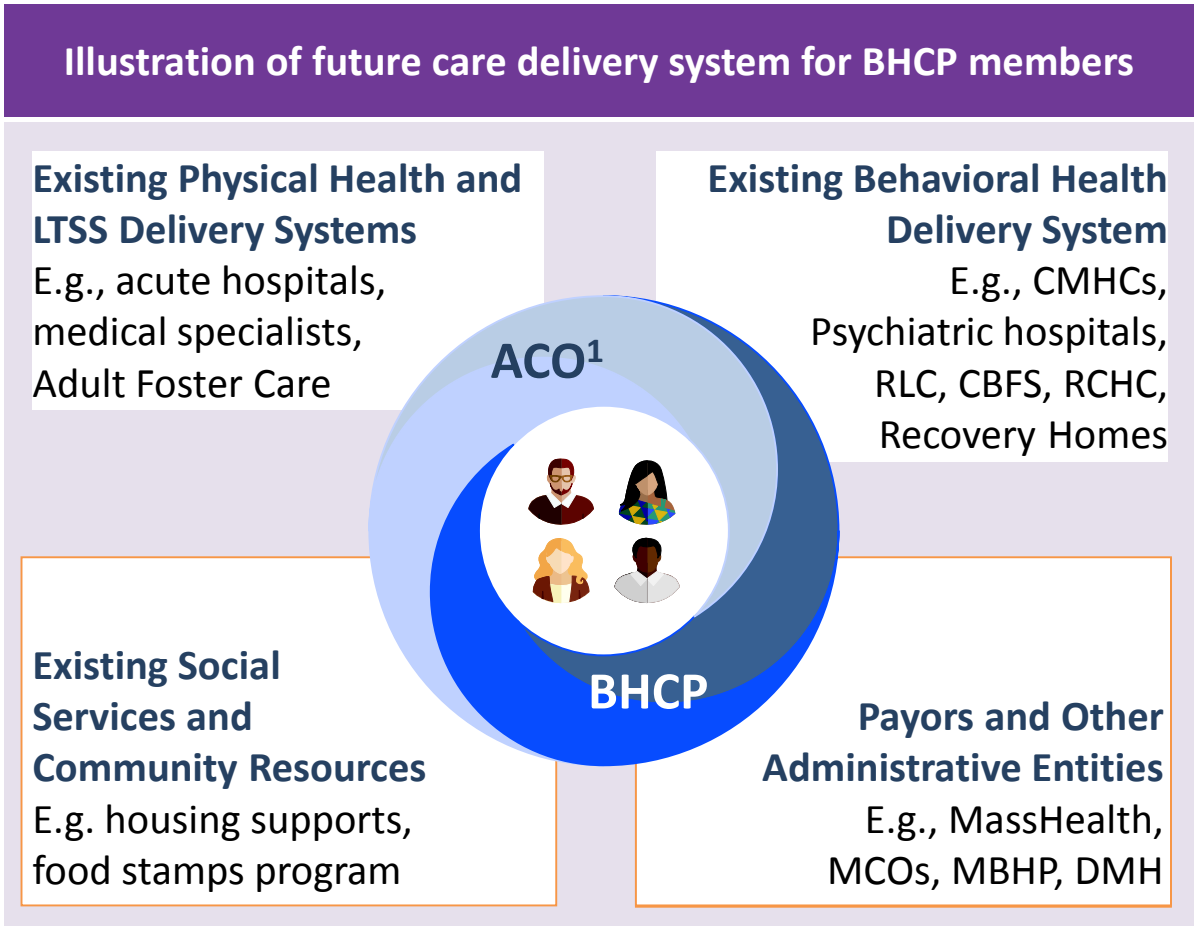
What is a BH CP?

A Behavioral Health Community Partner (BHCP) partners with an ACO to bring expertise in Behavioral Health clinical management and to provide the integration of care necessary to serve these populations more effectively.

Note: Please reference the appendix slides for additional information on ACOs and BH CPs.

II. New Care Coordination Model: Background

How do ACOs and BHCPs relate to the process?



Note: Please reference the appendix slides for additional information on ACOs and BHCPs.

II. New Care Coordination Model: Goals

In collaboration with MassHealth, DMH is working to position CBFS and care coordination functions to achieve the following three goals:

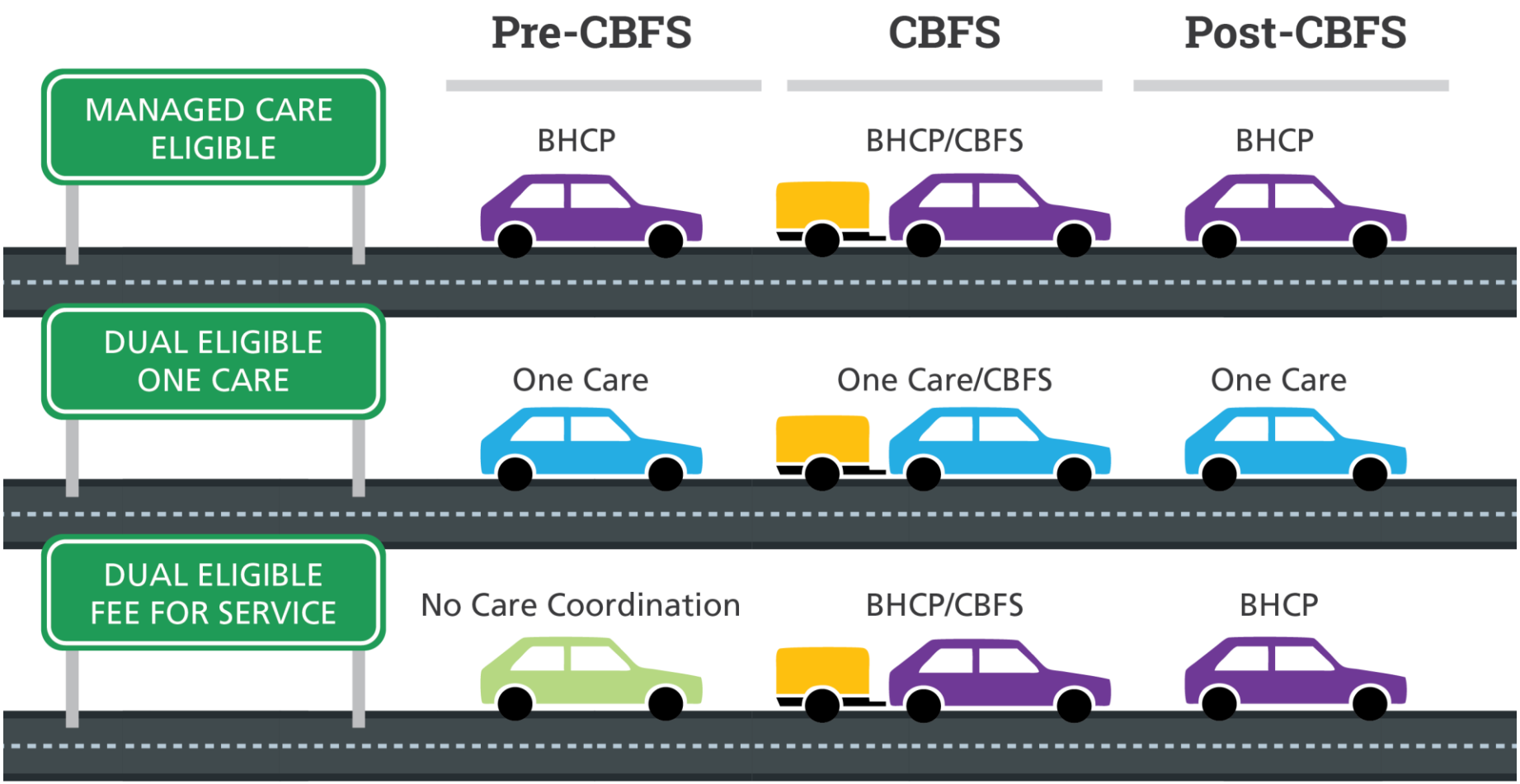
II. New Care Coordination Model

- DMH and MassHealth are planning to provide a care coordination function to all CBFS enrollees
  - Behavioral Health Community Partner (BHCP)
  - One Care
  - DMH Targeted Case Management (TCM)
- All CBFS enrollees will be offered BHCP supports (except for those enrolled in One Care)
- DMH will determine priority populations for TCM
- DMH and MassHealth will determine priorities when BHCP (or One Care) and TCM will both be provided

II. New Care Coordination Model

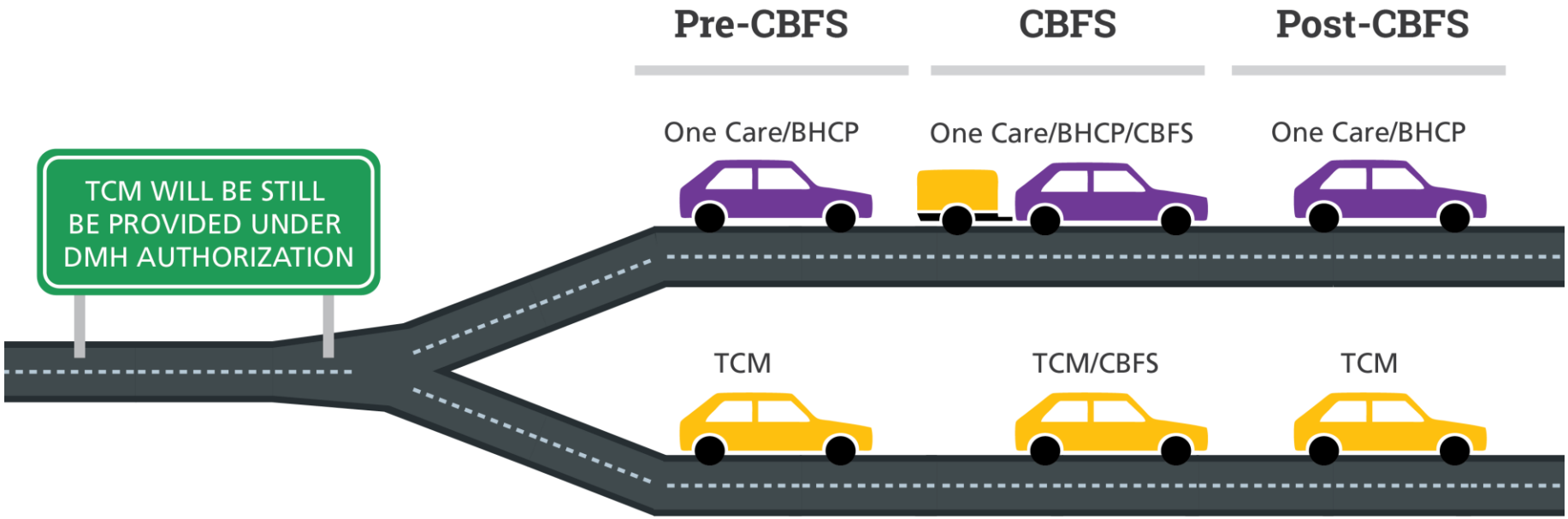
Current Coordination Services		Planned Coordination Services by Responsible Party
• Support in exploring housing options • Assistance with management of client funds • Assistance with medication administration • Delivery of pre-packed medications	Stay in CBFS	CBFS
• Coordination services including development of person-centered planning • Assistance in maintaining community tenancy • Assistance with obtaining access to, or providing, transportation	Share with CBFS	BHCP, One Care, TCM, CBFS
• Wellness promotion • Assistance and support to access other services • Coordination contact with medical and clinical teams • Preparation of medical documentation • Client and family training about mental illness	Shift from CBFS	BHCP, One Care, TCM

II. New Care Coordination Model



II. New Care Coordination Model: Alignment

- DMH will continue to deliver Targeted Case Management (TCM).
  - DMH must authorize the provision of TCM.
- Priorities for TCM may include: Existing relationships, rental assistance post-CBFS, certain high-risk individuals, safety net, other priorities as DMH deems necessary.



III. New Care Coordination Model: Alignment

CBFS	Will be accountable for providing clinical and rehabilitative interventions to support community tenure and recovery
Care Coordination Entity	Accountable for coordinating care and bridging gaps in health care delivery system, including medical and behavioral health
DMH and MassHealth	Will develop operational guidelines addressing collaboration between CBFS and care coordination entity, including critical time interventions and data exchange.

II. New Care Coordination Model: Summary

- CBFS providing residential treatment and clinical/rehabilitative interventions
- Care coordination function delivered by BHCP, One Care, TCM
- Employment services provided by other available employment resources.

- Increased clinical accountability in new service model
- Critical time interventions following ED visit, hospitalization and criminal justice encounter
- Enhanced DMH utilization review strategy to facilitate engagement and movement
- DMH and MassHealth joint management of shared population

- Integrated team model for early and sustained engagement (consistent team as enrollee moves between group living and independent living)
- Care coordination function remains in place as enrollee completes new service model

III. Discussion

III. Discussion

Based on your experience, what does DMH and Mass Health need to consider in implementing this approach?

IV. Closing Remarks

IV. Closing Remarks

Model Development and System Integration Workgroup

- Debrief of Today's Meeting
- Outstanding Questions
- Next Meeting:

  300 Howard Street
  Conference Room 2A & 2B
  Framingham, MA 01702
  Date: Wednesday, March 15, 2017
  Time: 9:30-11:30 A.M.
- **Next Topic:**
  - **Integration and Alignment**

March 2017

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
27	28	01 DMH Hadley	02	03
06	07	08	09	10
13	14	15 Framingham	16	17
20	21	22	23	24
27	28	29 DMH Hadley	30	31

Appendix

Appendix: New Care Coordination Model Goals

Objectives for Behavioral Health Community Partners (BHCPs):

- **Improve member experience, continuity and quality of care by holistically engaging members with high BH needs (both SMI and SUD)**
- **Improve collaboration across ACOs / MCOs[1], CPs, BH and physical health delivery system in order to break down existing silos and deliver integrated care**
- **Create opportunity for ACOs and MCOs to leverage existing BH community-based expertise and capabilities**
- **Invest in Behavioral Health infrastructure that is sustainable over time within an overall framework of performance accountability**
- **Reduce duplication of care coordination and care management resources for population with high BH needs**

Source: MassHealth Innovations, MassHealth Restructuring Updates (April 14, 2016) www.mass.gov/hhs/masshealth-innovations

Appendix: New Care Coordination Model Goals

A BHCP is a member-focused, provider-led entity that partners with ACOs and collaborates with MCOs, providers, and social services/community resources to support improved care delivery and member experience. The role of the BHCP includes active outreach, development and execution of a person-centered care plan.

Elements of the BH CP program (details to follow)

What BHCPs do

- **Active outreach and engagement of members**
- **Person-centered care planning** that leverages existing member relationships and community BH expertise

Whom BHCPs serve

- **Member population** that will most benefit from BH CP services (some subset of those with SUD / SMI)

How BHCPs are selected

- **Procurement of BHCPs** to ensure appropriate community-based capacity

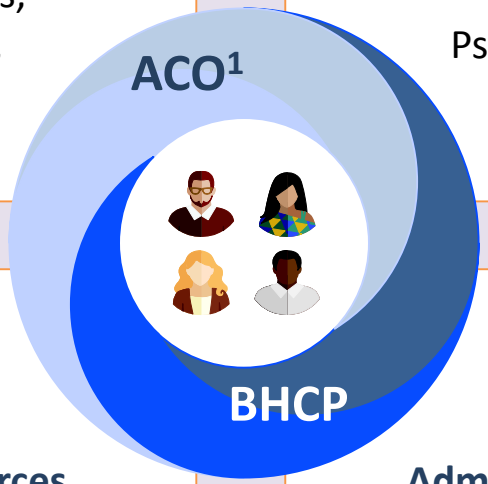
How BHCPs are funded

- **Sustainable incentive model** where effective BHCPs attract ACO funding as DSRIP funding tapers off

Illustration of future care delivery system for BH CP members

Existing Physical Health and LTSS Delivery Systems
E.g., acute hospitals, medical specialists, Adult Foster Care

Existing Behavioral Health Delivery System
E.g., CMHCs, Psychiatric hospitals, RLC, CBFS, RCHC[2], Recovery Homes



Existing Social Services and Community Resources
E.g. housing supports, food stamps program

Payors and Other Administrative Entities
E.g., MassHealth, MCOs, MBHP, DMH

1) ACOs are provider-led organizations that include PCPs; **2)** CMHC = Community Mental Health Clinic; RLC = Recovery Learning Community; CBFS = Community Based Flexible Supports; RCHC = Regional Centers for Healthy Communities **3)** MCO = Managed Care Organization; MBHP = Massachusetts Behavioral Health Partnership;

Source: MassHealth Innovations, MassHealth Restructuring Updates (April 14, 2016) www.mass.gov/hhs/masshealth-innovations

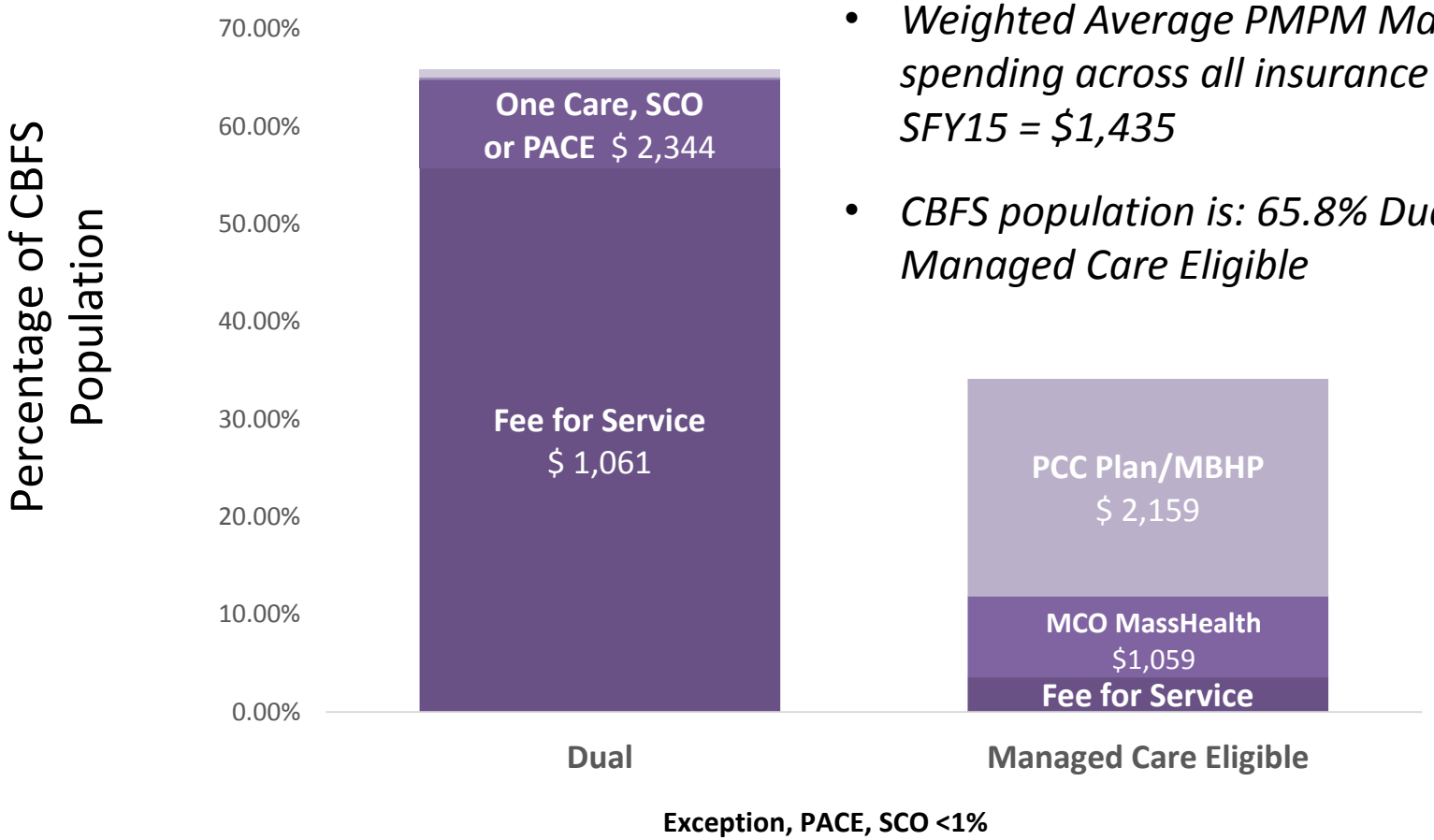
Appendix: Current Care Coordination System

Current Care Coordination Services Provided by DMH

- Support in exploring housing options
- Assistance in maintaining community tenancy
- Assistance with obtaining access to, or providing, transportation
- Assistance with medication administration
- Coordination contact with medical and clinical teams
- Preparation of medical documentation
- Delivery of pre-packed medications
- Coordination services including development of person-centered plan
- Assistance with management of client funds
- Wellness promotion
- Client and family training about mental illness
- Assistance and support to access other services

Appendix: Current Care Coordination System

CBFS Population by Insurance Type and Average per member per month (PMPM) MassHealth Spend



- *Weighted Average PMPM MassHealth spending across all insurance types in SFY15 = $1,435*
- *CBFS population is: 65.8% Dual; 34.2% Managed Care Eligible*

Exception, PACE, SCO <1%

Appendix: Current Care Coordination System

CBFS Average	Top 28% Average
• 85.1 R-Days • $1,435 PMPM MassHealth Spending	• 96.4 R-Days • $4,080 PMPM MassHealth Spending

$189,722,717 spent by MassHealth in FY15 on CBFS

FY15 average MassHealth spend per enrollee: $17,220

MassHealth spends as much as $368,987 per enrollee

28.1% of enrollees account for 80% of spending